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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Friends for Kiwan Lawson			<del></del>	
Full Name			Registration Number, if PAC	
CME Federal Credit Union				
Address	Type*		M D Y Amount	
365 S 4th St	RE		0 6 1 1 1 5	10.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43215	EFT	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
City City City City City City City City	State	Zip Code	Form(Cash,Check,etc)	
Full Name	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC	
Address	Type*		M D Y Amount	
	1			
City	State	Zip Code	Form(Cash,Check,etc)	
		1		
Full Name	•	•	Registration Number, if PAC	
Address	Type*		M D Y Amount	
	''j			
City	State	Zip Code	Form(Cash,Check,etc)	
	Sizie 1		romit casi, caer, etc)	
Full Name		_1	Registration Number, if PAC	
i mi tant			Registration Number, if FAC	
Address	Type*	_	M D Y Amount	<del></del>
i Address	عرد،			
City	State	7in Code	Form(Cash,Check,etc)	
City	State	Zip Code	Porm(Cash, Check, etc)	
T. II Al-			Parismania Number 16 PAC	
Full Name			Registration Number, if PAC	
	1	_	<u> </u>	
Address	Type*		M D Y Amount	
<u> </u>				
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
T				

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 10.00

<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee.